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# Impact of a Formal Mentorship Program on Frontline Nurse Managers

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# Walden University

College of Health Sciences

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Tonya Roth

has been found to be complete and satisfactory in all respects,  
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## Review Committee

Dr. Diane Whitehead, Committee Chairperson, Nursing Faculty  
Dr. Robert McWhirt, Committee Member, Nursing Faculty  
Dr. Barbara Niedz, University Reviewer, Nursing Faculty

Chief Academic Officer  
Eric Riedel, Ph.D.

Walden University  
2018

Abstract

Impact of a Formal Mentorship Program on Frontline Nurse Managers

by

Tonya Roth

MSN, Loyola University New Orleans, 2015

BSN, Linfield College, 2002

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2019

## Abstract

There are numerous factors that influence a nurse manager's job satisfaction and intention to remain in a job. The purpose of this project was to evaluate whether a formal mentorship program for nurse managers impacted job satisfaction and intention to remain in a job. A pilot program was developed and 15 nurse managers from 2 hospitals in the Pacific Northwest participated in a 6-month mentorship program. The program was guided by mentorship enactment theory and Kouzes and Posner's exemplary leadership framework. Using the Leadership Profile Inventory (LPI) and the Nurse Manager Practice Environment Scale (NMPES), job satisfaction, intention to stay in a job, and transformational leadership behaviors were measured before and after the program. Results were analyzed using a paired samples *t* test. There were statistically significant differences between the preprogram LPI scores ( $M=212.27$ ,  $SD=37.8$ ) and postprogram scores ( $M=232.47$ ,  $SD=25.28$ );  $t(14) = -2.83$ ,  $p = .013$ . There were also statistically significant differences between the preprogram NMPES Subscale 3: Culture of Generativity ( $M=23.20$ ,  $SD=4.65$ ) and postprogram scores ( $M=26.20$ ,  $SD=4.74$ );  $t(14) = -2.40$ ,  $p = .032$ . The results demonstrated a significant increase in job satisfaction, intention to stay, and transformational leadership behaviors. Implementation of this pilot program supported positive social change through reduced nurse manager turnover, resulting in a reduction of healthcare spending on replacement costs in addition to improved patient outcomes.

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## Dedication

I wish to dedicate this project to all of the nurse managers who helped develop and pilot the nurse manager mentorship program. Each manager brings with them strengths and insights that are valuable to their peers. Helping each other succeed even during turbulent times is how we build resilient nurse leaders that can continue to have a great impact on our patient's outcomes.

## Acknowledgments

I would like to acknowledge my DNP mentor Dr. Whitehead who helped encourage me early on in this academic journey, took calls from me across different time zones and was always a great sounding board. Thank you for your encouragement, guidance and support. I would also like to thank my practicum site preceptor Janet Reeder who believed in this long term strategy and the impact it could have across both hospitals.

Last but certainly not least, my husband and twin sons who relentlessly supported me during this academic journey even if it meant I missed a family movie night, so I could write my papers. I could not have completed this without your support, understanding and the occasional popcorn you delivered to the office.

## Table of Contents

|   |     |
|---|-----|
| List of Tables .....                                | iii |
| List of Figures .....                               | iv  |
| Section 1: Introduction.....                        | 1   |
| Introduction.....                                   | 1   |
| Problem Statement .....                             | 1   |
| Purpose.....  | 3   |
| Nature of the Doctoral Project .....                | 3   |
| Sources of Evidence.....                            | 3   |
| Approach or Procedural Steps .....                  | 4   |
| Significance.....                                   | 5   |
| Summary .....                                       | 6   |
| Section 2: Background and Context .....             | 7   |
| Section 3: Collection and Analysis of Evidence..... | 20  |
| Section 4: Findings and Recommendations .....       | 33  |
| Introduction.....                                   | 33  |
| Section 5: Dissemination Plan .....                 | 54  |
| Institutional Dissemination .....                   | 54  |
| Dissemination to a Broader Audience .....           | 55  |
| Analysis of Self as a Scholar .....                 | 55  |
| Analysis of Self Practitioner .....                 | 56  |
| Analysis of Self Project Manager .....              | 56  |



|  |    |
|--|----|
| Insight Gained During Scholarly Journey.....                             | 57 |
| Summary .....  | 57 |
| References .....   | 59 |
| Appendix A: LPI Use Permission.....                                      | 66 |
| Appendix B: Nurse Manager Practice Environment Scale Use Permission..... | 68 |
| Appendix C: Course Evaluation.....                                       | 70 |
| Appendix D: Overall Program Evaluation.....                              | 71 |
| Appendix E: Course Series Descriptions, Objectives and Timed Agenda..... | 72 |
| Appendix F: Mentee Packet Outline.....                                   | 78 |
| Appendix G: Mentor Packet Outline.....                                   | 79 |
| Appendix H: Cost Analysis of Mentorship Program.....                     | 80 |

## List of Tables

|         |   |    |
|---------|---|----|
| Table 1 | <i>Descriptive Summary of the Participating Nurse Managers Formatting</i> | 36 |
| Table 2 | <i>Summary of the Session Evaluations Formatting</i>                      | 38 |
| Table 3 | <i>Summary of Overall Program Evaluation Formatting</i>                   | 40 |
| Table 3 | <i>LPI Self statistical analysis (N=15)</i>                               | 41 |
| Table 4 | <i>Job Satisfaction statistical analysis (N=15)</i>                       | 42 |
| Table 5 | <i>Intention to leave statistical analysis (N=15)</i>                     | 44 |

## List of Figures

Figure 1. Participant session completion percentages. ....36.

Figure 2. Frequency of mentor/mentee meetings over the course of six months.....38.

## Section 1: Introduction

### **Introduction**

The nurse manager role within a hospital setting is an essential role with high demands. Nurse managers are responsible for handling issues that arise 24 hours per day, managing large budgets and large numbers of direct reports (Miltner, Jukkala, Dawson, & Patrician, 2015). Nurse managers who are satisfied with their role have positive impacts on staff engagement which then translates to positive patient outcomes (Zwink, Dzialo, Fink, Oman, & Shishowsky, 2013). Many nurse managers are promoted into their role after being successful clinically, however, the demands from the nurse manager role differ from a clinical role which can result in a high turn-over rate among the nurse manager role (Brown, Fraser, Wong, Muise, & Cummings, 2013).

Both leadership development and mentorship are often mentioned in the literature as potential strategies to improve retention of the nurse manager; however, there is a gap in the literature that identifies specifically if mentorship has an impact on nurse managers role satisfaction or intent to stay. This area of exploration is vital as nurse administrators evaluate best practices to successfully transition a nurse into a nurse manager role and retain nurse managers. By focusing on this topic and helping to develop the knowledge around the efficacy of mentorship programs, I intended to positively impact other nurse executives also looking to solve this issue in leadership retention.

### **Problem Statement**

The intent of this project was to evaluate if introducing a formal nurse manager mentorship program (FNMMP) had an impact on managers intent to stay and overall role

satisfaction. Frontline nurse managers are essential to consistent unit performance including quality outcomes, overall staff satisfaction and ultimately, turnover. Nurses who are considered experts in their clinical practice may be promoted into management roles without the leadership skills necessary to be the transformational leader needed (VanDyk, Siedlecki, & Fitzpatrick, 2016). This has resulted in higher turnover rates in frontline nurse manager positions. Some focus has been placed on the best way to train frontline nurse managers (Cadmus & Johansen, 2012; Kelly, Wicker, & Gerkin, 2014; Patton et al., 2013; Pedaline et al., 2012). These studies have recommended a variety of interventions such as leadership courses (Kelly et al., 2014; Pedaline et al., 2012), online programs (VanDyk et al., 2016), and mentorship to reduce nurse manager turnover. Although nurses who self-select the manager role are found to be more satisfied (Grindel, 2003), few studies have been published to evaluate the nurse manager role satisfaction and intent to leave (Warshawsky & Havens, 2014; Weaver-Moore, Sublett, & Leahy, 2016).

A review of the literature has shown that mentoring and coaching is a commonly suggested strategy to help support frontline nurse managers (DeCampi, Kirby, & Baldwin, 2010; Grindel, 2003; Patton et al., 2013; Pedaline et al., 2012; Rich et al., 2015; Warshawsky & Havens, 2014; Westcott, 2016). However, the literature shows a gap in identifying if formal nurse manager mentorship programs actually impact managers intent to stay and overall role satisfaction. This area of study is vital as nurse administrators evaluate best practices to successfully transition a nurse into a nurse

manager role and retain them to lead teams assuring the highest quality of care for patients.

### **Purpose**

The DNP project question was: Does a formal nurse manager mentorship program (FNMMP) impact hospital nurse managers (a) intent to stay and (b) job satisfaction?

Although current literature frequently suggests mentorship as a method to support nurse managers, there is a gap in identifying if this specific intervention is effective in retention and job satisfaction. By evaluating the implementation of a formal nurse manager mentorship program and its impact on intent to stay and job satisfaction, this project helped fill the gap regarding best practices in retaining nurse managers.

### **Nature of the Doctoral Project**

This DNP project explored the implementation of a formal nurse manager mentorship program focused on managers with at least nine months to a year experience in the nurse manager role. The accessible populations were nurse managers at two acute care hospitals within an urban hospital system in the Northwest.

### **Sources of Evidence**

Sources of evidence include a synthesis of current literature (within the last five years) exploring mentorship programs for nurse managers. Since the term leader and manager is often used interchangeably in the nursing literature, both terms will be explored. Databases include but may not be limited to CINAHL, MEDLINE, ProQuest Nursing and Allied Health Database, and Google Scholar. The following search terms were used:

Mentorship AND job satisfaction AND nurse manager

Nurse manager AND retention AND mentorship

Nurse manager AND job satisfaction

Retention AND mentoring AND nurse manager

Mentorship AND nurse manager NOT nurse

Mentorship AND leader

In addition, results from interviews with nurse managers with one year of experience or more were de-identified and provided to this author for the project, to guide the development of the mentorship program. Also provided was the de-identified information from nurse manager transition/exit interviews to provide insight into the reasons nurse managers were leaving their role at the two hospitals which again informed the development of the mentorship program.

### **Approach or Procedural Steps**

This education project included development, implementation, and evaluation of a FNMMP according to the Walden University DNP Staff Education Project Manual. The project used a valid and reliable instrument to measure intent to stay and job satisfaction before and after the FNMMP. The Nurse Manager Practice Environment Scale (NMPES) has been used to successfully predict both job satisfaction and intent to leave among nurse managers (Warshawsky, Wiggins, and Rayens, 2016). Results of the NMPES were analyzed using SPSS to determine if there was any statistical impact on a nurse manager's intent to leave or job satisfaction.

### **Significance**

Nurse managers with all levels of experience have been noted to desire mentorship in their role and serve to potentially benefit from this project (Weaver-Moore, Sublett, & Leahy, 2016). Organizations and chief nursing executives seeking strategies to support the development and retention of nurse managers have the potential to be impacted by the outcomes of this project. Evaluating if indeed a formal mentorship program can impact role satisfaction and intent to stay, influences the decision to invest in implementing ongoing programs. In addition, this project has the potential to impact registered nurse retention by way of retaining nurse managers. Zwink et al. (2013) noted that nurse manager satisfaction has an impact on the overall work environment for the teams they lead (Zwink et al., 2013, p. 135). Lastly and arguably the most important, stakeholders that could be impacted by this by this project are the patients themselves. Warshawsky, Rayens, Stefaniak, and Rahman (2013) found that nurse manager turnover rates tended to impact patient outcomes such as pressure ulcer rates (Warshawsky, et al., 2013, p. 730).

The outcomes of this project contribute to the nursing literature by evaluating specifically the outcomes of a mentorship program as it relates to a nurse managers role satisfaction and intent to stay. The learnings can be applied to other areas of nursing management outside of the hospital setting such as ambulatory and long-term care facilities. Focusing on this project gives more insight and contributes the void in literature around what the actual impact of mentorship on frontline nurse managers intent to stay and job satisfaction is. The social change impact from this project has resulted in a



reduction in turnover for nurse managers at the hospitals this project took place in and has the ability to impact other organizations across the United States who are exploring implementing a mentorship program for nurse managers.

### **Summary**

The nurse manager role within a hospital is complex and requires nurses who hold these formal roles to both lead and manage. Retention of nurse managers is equally important to the well-documented efforts to retain frontline nurses. Although there are studies that evaluate the leadership development needs of nurse managers, nursing literature is still missing specific evidence on the efficacy and impact of the frequently suggested mentorship strategy on retention and role satisfaction. As leaders across the United States are searching for best practices to retain nurse managers for these key roles, this project contributes to the small but growing body of evidence specific to nursing management.

## Section 2: Background and Context

### **Introduction**

Mentorship has been used in a multitude of career settings to promote successful professional development. In nursing, mentorship has been shown to increase retention in first new graduate nurses (Mariani, 2012). Although mentorship is often cited as a strategy to help retain nurse managers (Hudgins, 2015), little research has been done to demonstrate if formal mentorship does indeed increase job satisfaction and intent to stay for frontline nurse managers. There is a growing need to address retention of frontline nurse managers as this role is critical to creating a positive workplace environment for bedside nurses, reducing nursing turnover, and has been linked to patient outcomes (Warshawsky et al., 2013). In addition, some states believe the role of nurse manager to be one of the most difficult positions to fill (Oregon Center for Nursing [OCN], 2016). With the looming nursing shortage which also has an impact on nurse manager positions, it is imperative to evaluate best practices to retain nurse managers. The intent of this project was to evaluate if introducing a formal nurse manager mentorship program (FNMMP) had an impact on managers intent to stay and overall role satisfaction.

This section includes a literature review exploring the concepts and theories that pertain to this DNP project. The relevance of mentorship for frontline nurse managers to nursing practice will be discussed as will the local and institutional background information which is driving a need for this project. Lastly, this section will discuss this

authors role, including any biases noted and motivation for selecting this topic as a project.

## **Concepts, Models, and Theories**

### **Rationale for Concepts, Models, and Theories**

Pamela Kalbfleisch in 2002 described communication concepts in mentoring relationships which became known as the Mentoring Enactment Theory (MET) (Kalbfleisch, 2002). Kalbfleisch (2002) believed the mentoring relationship was a personal relationship between a more seasoned individual and a less seasoned protégé and together they formed a relationship of caring and assistance (Kalbfleisch, 2002, p. 63). Mentorship has been cited in nursing literature to describe nursing student's experience with preceptors in their final practicum experiences (Thomson , Docherty, & Duffy, 2017). It has also been referred to as relationships with seasoned leaders to guide and support less seasoned leaders (Rich et al., 2015). Frontline nurse managers need a unique mentorship relationship to support and guide them in their nurse leadership practice and skills development. This relationship requires the following characteristics: (a) a leader with successful nurse manager experience (b) mentor willing to be a mentor (c) trusting relationship which can help the nurse manager achieve their goals and provide support (d) understanding that relationship may evolve or resolve depending on the needs of the nurse manager. MET was utilized to inform the design of the FNMMP for this project.

Transformational leadership was first described by James McGreger Burns (1978) as the ideal leadership behaviors and has been used in a multitude of organizational

settings including healthcare (Fischer, 2016). In 2007 Kouzes and Posner further defined the traits of transformational leadership theory as “The five practices of Exemplary Leaders” (Kouzes & Posner, 2007). Kouzes and Posner (2007) define these five best practices as model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart (Kouzes & Posner, 2007). These five practices are believed to describe a transformational leader. In nursing, transformational leadership has been associated with increased nurse satisfaction and thus staffing retention (Kelly, Wicker, & Gerkin, 2014) as well as the potential positive impact on patient outcomes (Pedaline et al., 2012). This project utilized the most current edition of Kouzes and Posner’s Exemplary Leadership framework to guide the development of the mentorship program in order to focus the mentorship relationship on transformational leadership behaviors (Kouzes & Posner, 2017).

### **Synthesis of Writings by Theorists**

Mentoring Enactment Theory is an established theoretical framework which describes communication strategies used in successful mentorship relationships. The first five propositions of MET are focused on the initiation of the relationship (Kalbfleisch, 2008). The MET focuses on strategies for successful initiation of the relationship and strategies for maintaining the relationship. Both of these strategies are important to understanding the nature of a healthy mentorship relationship and have been used to evaluate relationships such as the doctoral student and the advisor relationship (Mansson & Myers, 2012). Kalbfleisch (2002) postulated that a mentor is more likely to become involved a mentoring relationship if they are approached ahead of time by a third party as

opposed to being sought out initially by a protégé (Kalbfleisch, 2002, p. 65).

Relationships may also be formed if the mentor approaches the protégé with offers to help. The remaining four propositions focus on the communication strategies used during the relationship and the conversational goals (Kalbfleisch, 2008, p. 12). Protégés are more likely to focus communication on the goals for the relationship and if the mentor is closely linked to potential career success, the protégé will have even higher communication attempts. Mentoring Enactment Theory also discusses the differences between gender in the mentoring relationship concluding that females are more likely than males to direct and initiate the communication about the goals in the relationship. Finally, the more the mentor is vested in the relationship with the protégé, the more likely they will maintain the relationship (Kalbfleisch, 2008).

Kouzes and Posner (2017) defined the Five Practices of Exemplary Leadership as model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart (Kouzes & Posner, 2017). The framework establishes a set of behavioral practices that if demonstrated collectively, have been associated with exemplary transformational leadership. Pedaline et al. (2012) used the conceptual framework of the Five Practices of Exemplary Leadership to evaluate if structured mentoring had an impact on frontline nurse managers (Pedaline et al., 2012). Pedaline et al. (2012) focused the mentorship program around the Five Best Practices framework and used the established Leadership Practices Inventory (LPI) assessment instrument to measure the results before and after the mentorship program (Pedaline et al., 2012). The results of this study and pilot program resulted in an increase in scores for the LPI which

is indicative of the leader showing more evidence of the five exemplary leadership practices after formal mentorship.

Recently, Gooch (2017) proposed combining both the Five Best Practices framework and Benner's Novice to Expert model into a theoretical framework model for mentoring new chief nursing executives titled the Caring Executive Leadership Progression Model (Gooch, 2017, p. 342). In her proposed framework, Gooch (2017) provided a concise concept of transformational leadership and skills acquisition that helps guide a mentoring relationship. Although the framework is geared towards a nurse leader at an executive level, the concepts are easily applied to frontline nurse managers as well.

### **Terms and Definitions Used**

*Mentorship* is defined by the English Oxford Dictionary (2017) as (1) “ the guidance provided by a mentor, especially an experienced person in a company or educational institution”, (2) “A period of time during which a person receives guidance from a mentor.”(English Oxford Dictionary, 2015). The term mentorship is used in a variety of settings including healthcare. According to Mijares et al.(2013), the theoretical definition of mentoring is “ an interpersonal process that takes place between a trained, seasoned mentor and a novice protege” (Mijares & Bond, 2013, p. 27).

*Nurse managers* are defined as nurses in charge of one or more patient care units (Djukic, Jun, Kovner, Brewer, & Fletcher, 2017, p. 173). Other terms used are an associate nurse manager, nurse leader, and nursing director. For purposes of this project, nurses who directly manage one or more patient care unit are defined as nurse managers.

*Turnover* in the literature is inconsistently defined, therefore in regard to this project turnover will be defined as a nurse manager leaving their position for another position including exiting the company (Kovner, Brewer, Fatehi, & Jun, 2014).

*Job Satisfaction* is defined as the fulfillment of desired needs within the work setting, happiness or gratifying emotional responses towards working conditions and job value or equity (Liu, Aungsurouch, & Yundibhand, 2016).

*Intent to stay* is defined as a nurse manager intending to remain in current position as a nurse manager (Hewko, Brown, Fraser, Wong, & Cummings, 2015).

### **Relevance to Nursing Practice**

#### **History of Broader Problem**

With an estimated 300,000 nurses in managerial roles in the United States (Djukic, Jun, Kovner, Brewer, & Fletcher, 2017) and a growing body of evidence that links the impact a transformational nurse manager can have on clinical outcomes (Warshawsky et al., 2013), more attention is being paid to this nursing specialty. Many states report that nurse manager roles are some of the most challenging roles to fill in healthcare (Cziraki, Mckey, Peachey, Baxter, & Flaherty, 2014; OCN, 2016) and with the looming retirement of the baby boomers, retention strategies are being studied. As there is a growing need to find ways to train and retain nurse managers, it is imperative that evidence-based strategies be used. Despite the frequent citation of mentorship to help support nurse managers, there is little evidence that suggests if indeed a formal mentorship program will increase the job satisfaction and retention of nurse managers.

### **Recommendations to Improve Practice**

Formal mentorship programs have been used in a variety of settings including healthcare. Patton et al. (2013) incorporated mentorship into the clinical leadership development program to help nurse midwives and nurses develop leadership competencies (Patton et al., 2013). Rich et al. (2015) took the idea of mentorship one step further to develop a statewide formal nurse leader mentorship program in an effort to address the leadership development needs for nurse managers (Rich et al., 2015). Feedback from the participants was positive regarding the structured and formal mentorship to help support leadership development although the article did not mention specific measurable outcomes.

Nurse manager retention and job satisfaction is a complex phenomenon to understand. Throughout the literature, there have been suggestions to address span of control, leadership competencies, work-life balance and offer support such as mentorship to support the vital role of the nurse manager. To date, there is not a bundle of best practices that have been identified to scientifically approach this practice problem however there does seem to be a common suggestion of mentorship as a suggested intervention.

### **Strategies Previously Used to Address Gap in Practice**

To understand retention, one needs to first understand what influences a nurse manager's job satisfaction. Factors that influence job satisfaction among nurse managers are likely to be different than bedside clinical nurses (Djukic et al., 2017). Zwink et al. (2013) looked at job satisfaction of nurse managers through a qualitative study to



understand better what factors influenced job satisfaction (Zwink et al., 2013). Among the top factors identified were professional development, training, and peer mentorship which influenced the manager's decision to stay (Zwink et al., 2013). Similar to those findings, Brown, Fraser, Wong, Muise, and Cummings (2013) completed a systematic review of the literature to identify factors that influence retention for nurse managers (Brown, Fraser, Wong, Muise, & Cummings, 2013). Additional factors identified were the span of control and work-life balance which can impact a nurse managers job satisfaction as well as professional development and mentorship or support. Cziraki, McKey, Peachey, Baxter, and Flaherty (2014) also explored factors that help support nurse managers in their roles (Cziraki et al., 2014). Cziraki et al. (2014) concluded their study with findings that leadership education and professional development were among the factors contributing to job satisfaction. Mentorship was strongly suggested to help the manager navigate the complex work environment.

Miltner, Jukkala, Dawson, and Patrician (2015) further uncovered the professional development needs of nurse managers and found that managers could benefit from additional higher level leadership competencies and formalized mentorship or coaching (Miltner, Jukkala, Dawson, & Patrician, 2015). Interestingly, Cadmus and Johansen (2012) proposed developing a nurse manager residency program similar to the evidence-based approach for new graduate nurses in an effort to successfully transition nurses into the manager role (Cadmus & Johansen, 2012). In their literature review, Cadmus and Johansen (2012) found strong evidence to support the need for

leadership development outside of an academic setting with a preceptor to help translate the learnings in real time (Cadmus & Johansen, 2012).

### **DNP Project Contribution to Address Gap in Practice**

Frontline nurse managers need a unique mentorship relationship to support and guide them in their nurse leadership practice and skills development. This relationship requires the following characteristics: (a) a leader with successful nurse manager experience (b) mentor willing to be a mentor (c) trusting relationship which can help the nurse manager achieve their goals and provide support (d) understanding that relationship may evolve or resolve depending on the needs of the nurse manager. Mijares, Baxley, and Bond (2013) completed a concept analysis regarding mentoring as they believed “mentoring is a resonating phenomenon where those who are mentored will mentor others”(Mijares & Bond, 2013, p. 23). By piloting a formal nurse manager mentorship program, this project has demonstrated that mentorship contributes to job satisfaction and influenced a culture of mentorship amongst nurse managers.

### **Local Background and Context**

#### **Local Relevance of the Problem**

A review of the literature has shown that mentoring and coaching is common strategy to help support frontline nurse managers (DeCampi, Kirby, & Baldwin, 2010; Patton et al., 2013; Pedaline et al., 2012; Rich et al., 2015; Warshawsky & Havens, 2014; Westcott, 2016). Job satisfaction and intent to stay have been correlated to clearly defined roles and supporting structures for managers including various professional development opportunities including mentorship. However, the literature shows a gap in

identifying if formal nurse manager mentorship programs impact managers intent to stay and overall role satisfaction. This area of study is vital as nurse administrators evaluate best practices to successfully transition a nurse into a nurse manager role and retain leaders.

### **Institutional Context**

This DNP project explored the implementation of a nurse manager mentorship program geared towards managers at two acute care hospitals within an urban hospital system in the Northwest. Combined, the hospital's employ around 43 nurse managers. The data for nurse manager positions was provided by the chief nursing executives at both hospitals. In addition, turnover data for 2017 was also provided. Historically out of the 43 manager positions, there have been ten manager transitions in 2017. De-identified exit interview summaries have shown trends with nurse managers leaving related lack of support. In an effort to address the turnover of nurse managers at both hospitals, project site leadership supported the development of a pilot for a formal nurse manager mentorship program.

### **State and Federal Context**

According to the Oregon Center for Nursing (2016) nursing comprises the largest segment of healthcare workers in Oregon and in the United States (OCN, 2016). Although turnover among hospital settings is lower than other sectors in healthcare at 10.8%, Nurse Manager Positions remain one of the most challenging positions to fill and the vacancy rate is on the rise in Oregon (OCN, 2016). With these startling statewide findings, OCN strongly recommends that workplace environment improvements be

looked at to foster greater job satisfaction. In order to assure high-quality clinical outcomes for patients in hospitals, attention to strategies that improve retention and stability in the nurse manager role are key.

### **Role of the DNP Student**

#### **Relationship and Role to the DNP Project**

As an experienced nurse manager and currently serving in a nurse executive consultant role, this author is committed to help deploy evidence-based strategies to train and retain nurse managers in an ever-changing and complex hospital environment. While working on this project this author was demonstrating many of DNP Essentials (AACN, 2011). Essential 1 was demonstrated by using scientific data and literature to drive specific interventions in addressing nurse manager retention by evaluating the literature and the quality of studies being released. Essential 2 was demonstrated by developing a care delivery approach to meet the current and future needs of nurse managers through the FNMMP. Essential 3 was used as this author critically appraise the current literature and identified gaps in addressing the practice problem. Essential 4 was demonstrated through utilizing this project sites data for turnover rates to inform this project.

#### **Motivation for the DNP Project**

In an effort to retain nurse managers at both hospitals to assure we are creating a stable work environment for our nurses and high-quality outcomes for our patients, this project will contribute to a societal need in nursing leadership. Having been a nurse manager who had a strong mentor, this author acknowledges the benefit this could provide other nurse managers. It is imperative to support nurse managers in what is

commonly known as one of the most complex challenging management positions. This author's philosophy in nursing centers on taking care of others in a way that supports their needs. Each person deserves to receive individual care that honors and respects their beliefs and values to support them in health. There are many things that influence how nurses care for others such as the environmental influences, cultural influences, and the nurses' personal experience. As a nurse leader, this author's care for patients is by way of caring for the nurse managers. This author believes that it is important to provide a caring environment for nurse managers to empower them to provide leadership to their teams. This author also believes that it is not only education but also professional experiences that allow for one's nursing practice to evolve from novice to expert in nurse leadership roles and how this can impact care. Having a mentor can influence this skill acquisition.

### **Potential Biases**

In an effort to reduce potential bias, this author worked closely with both hospitals' chief nursing executives to assure the program was still of highest importance based on their observations. In addition, conversations with current managers indicated that more formal mentorship was needed in both hospitals. To assure that the design of the program meets the nurse managers' needs, during the practicum experience, managers were invited to a one-hour focus group where this author asked them what mentorship meant to them and what are successful characteristics of a mentor and mentee relationship. This author also worked with the organization's regional manager for professional development regarding the recent launch of a new manager academy (NMA) geared towards all managers with less than one year of supervisory experience. This project was

a compliment to the newly launched NMA and met the need that the NMA was unable to meet with nurse managers in their role longer than one year.

### **Summary**

With mentorship frequently being cited in the literature as a strategy to improve nurse manager retention, the development of a pilot FNMMP has the potential to increase the job satisfaction by providing guided professional development and support to nurse managers. Utilizing the framework of Kouzes and Posner's Five Practices of Exemplary Leadership along with the Mentorship Enactment Theory as well as being mindful of the Novice to Expert concepts regarding skill acquisition, this author has developed a program to provide support for nurse managers through peer mentorship. In addition, the design of this program was meant to inspire nurse managers to be mentors themselves which further adds to the self-confidence and value a nurse manager can feel in their role leading to greater job satisfaction and retention.

Through an extensive review of the literature as well as collaborating with the project sites chief nursing executives, this author designed and implemented a pilot program including a process to measure the effect the program has on a managers' job satisfaction and intent to stay. The following section will outline the program design.

### Section 3: Collection and Analysis of Evidence

#### **Introduction**

An increasing body of research has linked the positive impact a frontline nurse manager can have on clinical patient outcomes (Brown et al., 2013, Warshawsky et al., 2013). Transitioning from a clinical nurse to a nurse manager requires careful succession planning and leadership development (Titzer, Shirey, & Hauck, 2014). Despite the recent attention to nurse manager leadership development, there continues to be a turnover and retention challenge for these vital roles (Djukic et al., 2017, Hudgins, 2015, Miltner et al., 2015). In exploring factors that influence a nurse managers job satisfaction and intent to stay, supervisory support and mentorship continue to be consistent themes that can influence the nurse managers job satisfaction (Djukic et al., 2017). As nurse administrators look for a best practice bundle to support nurse managers, evaluation of the impact a formal nurse manager mentorship program has on job satisfaction and intent to stay is essential. There currently is a gap in the literature that shows a direct correlation between formal mentorship programs for nurse managers and increasing job satisfaction and intent to stay although mentorship is often a recommendation.

Locally, nurse manager positions remain one of the most challenging positions to fill and the vacancy rate is on the rise in Oregon (OCN, 2016). Institutionally, nurse managers have reported lack of support as a frequent reason for leaving the role. This project utilized evidence from the literature including the MET and the framework of Kouzes and Posner's Five Practices of Exemplary Leadership to pilot a formal nurse manager mentorship program in an effort to provide support while

incorporating transformational leadership development for nurse managers at two hospitals. This section will include a review of the program design, data analysis plan and evaluation plan for this formal nurse manager mentorship program.

### **Practice-Focused Question**

#### **Local Problem, Gap-In-Practice, and Practice Focused Question**

In the state of Oregon, hospital nurse managers ranked one of the most difficult positions to recruit and hire for in 2015 (OCN, 2016, p. 8). This includes the project site hospitals and is reflective of the institutional challenge as well. The project site has recently implemented a new manager academy (NMA) which is geared towards all managers with less than three years of experience supervising to provide leadership development support. As this is targeting new managers, the site's nursing leadership's viewpoint is that it is worthwhile to explore a supportive approach specific for nurse managers who may not qualify for this program. In evaluating the evidence-based interventions that have been successful, leadership development and mentorship are often cited. Leadership development has directly been linked to increasing job satisfaction (Kelly et al., 2014, Pedaline et al., 2012, Titzer, Shirey, & Hauck, 2014, Warshawsky & Havens, 2014, VanDyk, Siedlecki, & Fitzpatrick, 2016). Mentorship and coaching are often recommended in also supporting the nurse managers (Hudgins, 2015, Warshawsky, Wiggins, & Rayens, 2016, Weaver-Moore et al., 2016). Although it is often cited as a recommendation for supporting nurse managers, the question remains: Does formal mentorship programs increase a nurse managers job satisfaction and intent to stay?



### **Purpose and Alignment to the Practice Focused Question**

The intent of this project was to develop interventions that could support nurse managers and reduce the turnover that the project site was experiencing. Utilizing the current evidence that supports leadership development focused on transformational leadership behaviors while incorporating a formal mentorship program that facilitates a mentor and mentee relationship, this author believes can provide the support that nurse managers need. There is a gap currently in the literature that this project has helped reduce by exploring if a formal mentorship program increases a nurse managers job satisfaction and intent to stay.

### **Sources of Evidence**

Evidence gathered for this project includes a literature search specifically evaluating job satisfaction and retention of nurse managers as well as mentorship. In an effort to support professional growth in nurse managers, Rich et al. (2015) developed a statewide nurse leader mentorship program with overwhelmingly positive feedback from nurse leader participants (Rich et al., 2015). Although this program was open to nurse managers and other nurse leadership roles outside of the hospital, the response demonstrated a need that was previously unmet. This has been an inspiration for the development of this project design. Additional information used to develop this project included a summary of the exit interviews completed at the project site for 2017 which pointed towards an intervention needed that included mentorship with further leadership development.

### **Relationship of Evidence to the Purpose**

Nurse managers practice environment including how the organization supports professional development amongst nurse managers is correlated with job satisfaction and intent to stay (Warshawsky et al., 2016). Mentorship is defined by the English Oxford Dictionary (2017) as (1) “the guidance provided by a mentor, especially an experienced person in a company or educational institution”, (2) “A period of time during which a person receives guidance from a mentor.” (English Oxford Dictionary, 2015). Mentoring has been cited in the nursing literature to improve confidence (Titzer et al., 2014), support leadership development (Pedaline et al., 2012) and help improve engagement (Warshawsky & Havens, 2014). Utilizing the summary of themes identified from the exit interviews at the project site; this author was able to target an intervention that was not currently being used in supporting nurse managers. The development of a pilot mentorship program specific for nurse managers aligns with the organizational direction and can help the gap of managers who do not currently meet the requirement for the new manager academy that the project site has launched. As this project site is looking for the leadership best practice bundle to improve retention of all nurse managers, this project gave insight on the impact a formal nurse manager mentorship program can have on nurse managers job satisfaction and intent to stay.

### **Analysis and Synthesis**

Utilizing the evidence found in the literature currently along with the themes from the exit interviews of nurse managers, this author developed an interventional program which combines formal nurse manager mentorship with leadership development focused

on transformational leadership competencies. The project used the Nurse Manager Practice Environment Scale (Warshawsky et al., 2016) instrument to measure intent to stay and job satisfaction before and after the FNMMP. Data was analyzed using SPSS to determine if there is any statistical impact on a nurse managers intent to stay or job satisfaction. The analysis of that pre and post data has helped inform the organization of the impact this pilot had on nurse managers. Furthermore, this project also used the Leadership Predictive Inventory (LPI) for the nurse managers to self-assess their transformational leadership behaviors both before and after the FNMMP. The LPI is a validated tool measuring transformational leadership behaviors (Kouzes & Posner, 2017). Higher degree's transformational leadership behaviors have been associated with greater retention of nurse managers (Cziraki et al., 2014).

### **Published Outcomes and Research**

#### **Databases and Search Engines**

Using the Cumulative Index to Nursing and Allied Health with Full Text (CINAHL Plus) database in addition to MEDLINE, Google Scholar, ProQuest Nursing and Allied Health Database and Cochrane Database of Systematic Reviews, this author completed an extensive search of the literature. The information located within the databases provided peer-reviewed evidence-based journal articles to support the development of this program. Additional data sources used to inform this project included the Oregon Center for Nursing (OCN) website to collect nursing workforce statistical data and the American Organization of Nurse Executives (AONE) professional organization website.

## **Key Search Terms**

Search terms used for the literature search were derived from the PICOT question: In nurse managers, how does a formal nurse manager mentorship program (FNMMP) compared to no mentorship, affect intent to stay and job satisfaction? Key search words and terms included *mentorship, mentoring, nurse manager, job satisfaction, nurse manager retention, and nurse manager professional development*. In addition, the following Boolean search strings were used to identify relevant literature: *mentorship and job satisfaction and nurse manager, nurse manager and retention and mentorship, nurse manager and job satisfaction, retention and mentoring and nurse manager, nurse manager and professional development and job satisfaction*.

## **Scope of this Review**

Articles published within the last 10 years were included in this review, however, articles found to be published greater than five years ago were scrutinized for applicability and relevance given the changes in nursing leadership in the past 10 years. Literature used for supporting frameworks and theories were excluded from the also excluded from 10-year restriction.

## **Comprehensive Literature Search**

Utilizing the search terms mentioned above, over 332 articles were discovered between the databases. The articles were then screened for applicability that focused on nurse manager retention, job satisfaction, and mentorship. The literature was explored for themes related to nurse manager job satisfaction and successful components of a formal mentorship approach. Due to the large body of evidence related to leadership

development for nurse managers, those articles were also carefully screened for themes and content to help inform the project. Organization support, coaching and mentoring has been mentioned as practice implications from six of the studies as ways to retain nurse managers. Formal professional development programs to support leadership growth and competency development are well supported in the literature. The literature consistently refers to a transformational leader as golden standard to strive towards. Although leadership development is often cited as pivotal for retention of nurse managers, and in the qualitative studies, NM have listed mentorship as having influence over their intention to stay, very little research has been done on the impact of mentorship overall on intent to stay and job satisfaction.

### **Archival and Operational Data**

#### **Operational Data**

A nurse executive consultant at the project site had collected exit interviews with nurse managers leaving the role during 2017. A summary of de-identified data and themes were provided to me to review along with the project site leadership. Themes from the data included manager support, work-life balance, and leadership development as cited most often for reasons the nurse manager was leaving. In addition, the project site leadership shared with me that they have had 10 manager transitions out of 43 manager positions in the past year. The organization's HR department has determined that the turnover rate, including both transition and exiting from the organization for both hospitals nursing leadership in 2017 was 25.8%.

**Relevance of Data to the Practice Problem**

The summary of the year's exit interviews is relevant to the practice problem as it helped inform the design of supporting structures that can impact a nurse manager's job satisfaction and intent to stay. The reported amount of nurse manager transitions in the past 12 months is also relevant to the practice problem as it serves to show a potential retention challenge the organization is facing. These operational data points are what prompted the sites nursing leadership to look for ways to improve nurse manager job satisfaction and retention.

**Data Collection and Validity**

Exit interviews were completed by the organization's nurse executive consultant on behalf of the nurse executives for 6/10 nurse managers leaving the nurse manager role in 2017. Two nurse managers abruptly left and were not able to be interviewed and two nurse managers retired which excluded them from being interviewed as well. The interview questions were used were standard HR exit interview questions and included information such as years of service, length of service in current role and ranks the top three reasons for leaving the role. A summary of each interview was provided to this author to review.

**Access to Organizational Data**

Permission to view and use the exit interview data was obtained from the site's leadership. In addition, The HR department provided to this author a report routinely throughout the project which reflected the current turnover rates.

**Evidence Generated for the Doctoral Project**

This education project included development, implementation, and evaluation of an FNMMP according to the Walden University DNP Staff Education Project Manual. The project used a valid and reliable instrument, the NMPES, to measure intent to stay and job satisfaction before and after the FNMMP. The Nurse Manager Practice Environment Scale (NMPES) has been used to successfully predict both job satisfaction and intent to leave among nurse managers (Warshawsky, Wiggins, and Rayens, 2016). Results of the NMPES were analyzed using SPSS to determine if there is any statistical impact on a nurse manager's intent to leave or job satisfaction.

**Participants**

The identified population for this doctoral project is nurse managers in a hospital setting employed at one of two hospitals in the NW. The participants were recruited on a voluntary basis from the two hospitals. Participants were required to have at least nine months of experience in their role as a nurse manager and not be enrolled in the organization's new manager academy. Recruitment involved an email invite to the nurse managers at both hospitals to participate in a six month long program focused on formal mentorship on transformational leadership behaviors. In addition, this author was asked to present the pilot program at both sites leadership meetings and with the sites nursing directors to gain additional support. Up to 20 participant spots were available and 18 nurse managers initially signed up on a first come first serve sign up basis.

## Procedures

Participants in the pilot FNMMP completed the NMPE scale during the first kick off session utilizing an online survey method for quick and efficient data collection. Warshawsky, Wiggins, and Rayens (2016) have demonstrated correlation between this validated tool and nurse managers job satisfaction and intent to stay (Warshawsky et al., 2016). Job satisfaction (JS) was predicted by 3 subscales in the tool: culture of patient safety ( $\beta = .326$ ,  $P = .004$ ), culture of generativity ( $\beta = .234$ ,  $P = .005$ ), and constructive nurse manager and director relationships ( $\beta = .196$ ,  $P = .004$ ). Intention to leave was predicted by the following 3 subscales: culture of generativity ( $\beta = -.407$ ,  $P = .019$ ), constructive nurse manager and director relationships ( $\beta = -.405$ ,  $P = .002$ ), and fair and manageable workload ( $\beta = -.270$ ,  $P = .022$ ) (Warshawsky et al., 2016, p. 506). The tool is a series of questions regarding the practice environment of nurse managers and is assessed on a Likert Scale.

Along with the NMPE, all participants in the FNMMP were asked to self-assess their transformational leadership behaviors prior to beginning the program, using the LPI developed by Kouzes and Posner (Kouzes & Posner, 2017). The LPI is an instrument with 30 statements which measure the five practices of exemplary leaders. Internal reliability, as measured by Cronbach's Alpha, is strong, with all scales above the .75 level (Statistic Solutions, 2017). This approach has been used with mentoring activities for nurse managers as a way to measure progress with leadership competency development (Pedaline et al., 2012). In addition, the LPI results helped guide mentorship



needs of the participants and served to measure progress made on transformational leadership behaviors by participants throughout the program.

Participation in the FNMMP was voluntary. Interested participants were sent the details in the invitation regarding program length, participation expectations and time needed to allocate to formal mentorship activities. At any time that a participant wished to withdraw from the program they will be allowed to do so. To protect the participant's privacy regarding data obtained during this program the NMPE scale and the LPI self were coded. All participants were issued a code number which was used with participants were completing the evaluation instruments. Walden University IRB approval was obtained prior to implementing the mentorship program. In addition, a letter of cooperation for the organization was also obtained.

### **Analysis and Synthesis**

SPSS was used for the analysis of all data obtained from this program. Each participant was issued a random number through an online number generator which served as their identification number throughout the program. Data from the NMPE scale and the LPI were organized by identification number and not participant name. Prior to statistical analysis, data validation procedures were used in SPSS to assure data completeness. In addition to demographic descriptive analysis, a paired sample t-test was used to evaluate statistically significant differences between pre and post assessments of both the LPI and the NMPES.

### **Summary**

Highly engaged transformational nurse leaders are vital to patient outcomes and staff satisfaction. The nurse manager role is also at risk with the aging workforce, to experience vacancies and nurse executives need to be aware of the most effective strategies to train and retain nurse managers. A review of the literature has shown that mentoring and coaching is a common strategy to help support frontline nurse managers (DeCamppli, Kirby, & Baldwin, 2010; Patton et al., 2013; Pedaline et al., 2012; Rich et al., 2015; Warshawsky & Havens, 2014; Westcott, 2016). As nurse executives look at using this strategy, it is important to understand the specific traits of mentorship that are helpful from the nurse manager's perspective prior to implementing this intervention.

This DNP project piloted an evidence-based peer mentorship program for nurse managers focused on transformational leadership competencies. A high-level overview of the nurse manager exit interviews demonstrated a need for additional leadership development and support for frontline nurse managers both of which will be addressed in the pilot. The procedural approach to this pilot program was to protect the participants creating a safe environment for nurse managers to rate their working environment and leadership competency behaviors to allow for self-reflection and growth. Lastly, the design of this program was intended to increase nurse managers self-confidence by providing a peer mentorship support environment. Utilizing the concepts from the MET, mentorship relationships may be formed if the mentor approaches the protégé with offers to help therefor in this program the desired outcome was that the managers see

themselves as mentors. Managers who find purpose in their work and feel valued, tend to have greater job satisfaction (VanDyk et al., 2016).

## Section 4: Findings and Recommendations

### **Introduction**

Mentorship in nursing has historically been used with new graduates to support the transition into practice and reduce intentions to leave (Mariani,2012). Nurse managers face a similar stress with transitions into practice when they take on a formal leadership role and mentorship is often cited as a strategy to retain nurse managers (DeCampi, Kirby, & Baldwin, 2010; Patton et al., 2013; Pedaline et al., 2012; Rich et al., 2015; Warshawsky & Havens, 2014; Westcott, 2016). Job satisfaction for nurse managers can result in positive organizational outcomes such as improved patient and staff outcomes (Djukic et al., 2017). For nurse managers, job satisfaction is found through practice environment variables such workload, manager-director relationships, and autonomy in decision making (Warshawsky et al., 2016). The purpose of this doctoral project was to evaluate if a formal nurse manager mentorship program can impact the nurse managers job satisfaction and intent to stay.

A scholarly literature review resulted in evidence that supports the value and perceived benefit of mentorship amongst nurse managers. Mentoring has been cited to improve confidence support leadership development ( ) and help improve engagement (Pedaline et al., 2012;Titzer et al., 2014; Warshawsky & Havens, 2014). Furthermore, purposeful mentorship enactment as described by Kalbfleish (2002) can result in a more successful mentorship relationship. Utilizing the literature including the Mentor Enactment Theory (MET), responses to the sites exit interviews for nurse managers, and overall nurse manager turnover reports, I created and implemented an evidence-based

formal nurse manager mentorship program specific to the organization needs.

Stakeholder feedback contributed to the development of the program content, structure and timing of the monthly courses as well as the overall value of the program. The program took place over a six month time frame where the managers met once a month for two hours and in addition, were asked to meet outside of that time with their peer mentor.

The program evaluation included a standard course evaluation for each monthly meeting (Appendix C) and an overall program evaluation (Appendix D) developed for this project. These evaluations were completed anonymously and confidentially with de-identified forms returned to me at the end of each class.. Lastly, pre and post program NMPE scales and LPI (self) were collected using a survey monkey and analyzed using SPSS to evaluate program outcomes. The remainder of this section will describe the findings, recommendations, strengths and limitations of the nurse manager peer mentorship program.

## **Findings and Implications**

### **Findings**

In 2017, the two hospitals combined turnover rate for nurse managers was 25.8% including those who left the organization and those who went back to either clinical duties or an educator role. In reviewing the exit interviews for the nurse managers who left in 2017, consistent themes were identified: feelings of lack of leadership, development opportunity, and support. Many of the managers interviewed reported that they wished there had been more mentorship and leadership development. These findings

confirmed that a formal mentorship program designed for nurse managers could potentially impact a nurse manager's intent to stay.

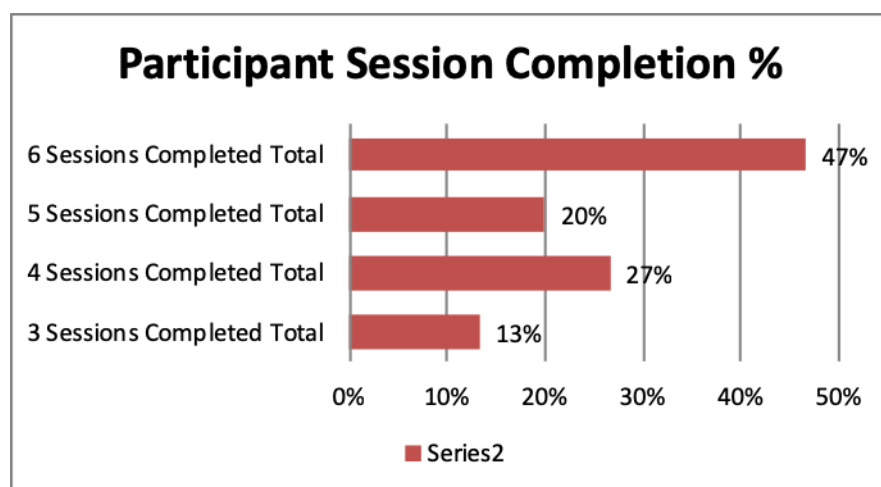
Initially, 17 nurse managers out of 43 volunteered to participate in the FNMMP and 15 nurse managers completed the program. Two nurse managers withdrew after the first session for personal reasons. As shown in table 1, 46.7% of the participants had 12-16 years of nursing experience and 60% held a BSN as the highest degree obtained. Half of the participants (50%) had 2 years or less of managerial experience, 66.7% were in their position for 2 years or less and 86.7% did not have experience being a manager outside of the hospital system. To date, participants who completed the program have remained with their organization in the nurse manager role.

Table 1

*Descriptive Summary of the Participating Nurse Managers*

|                               | %    |
|-------------------------------|------|
| Nursing Experience (N=15)     |      |
| 6-11 years                    | 13.3 |
| 12-16 years                   | 46.7 |
| 17-22 years                   | 13.3 |
| 23-28 years                   | 20.0 |
| 29+years                      | 6.7  |
| Management Experience         |      |
| <2 years                      | 50.0 |
| 2-7 years                     | 42.9 |
| 18+ years                     | 7.1  |
| Highest Nursing Degree        |      |
| ADN                           | 13.3 |
| BSN                           | 60.0 |
| MSN                           | 26.7 |
| Outside Management Experience |      |
| Yes                           | 13.3 |
| No                            | 86.7 |
| Current years in NM position  |      |
| <2 years                      | 66.7 |
| 2-7 years                     | 26.7 |
| 8-12 years                    | 6.7  |

The FNNMP was comprised of six sessions in total spanning over six months. As vacations and operational needs arose, some participants were unable to attend all six sessions. Overall 67% of the participants (N=15) were able to complete five or more, out of six of the sessions. Figure 1 describes the session completion rates amongst the participants. See Appendix E for the session course descriptions, objectives and timed agendas.



*Figure 1.* Participant session completion percentages.

Course evaluations were collected at the end of every session and used to inform the following sessions design. All ratings in the session evaluations were 4.4 or greater on a Likert scale of 1-5, where 1 indicates strong dissatisfaction and 5 indicates strong satisfaction with the mentoring program. The information and materials covered in each session was reported by the participants to be applicable to their position 100% of the time. The content covered was also felt to be best deployed in the classroom setting as opposed to an online setting 99% of the time. When evaluating the length of the 2hr sessions, 98% of the participants reported that the 2hrs was "just right" in relation to how long the session was. See Table 2 for a full summary of the overall session evaluations.

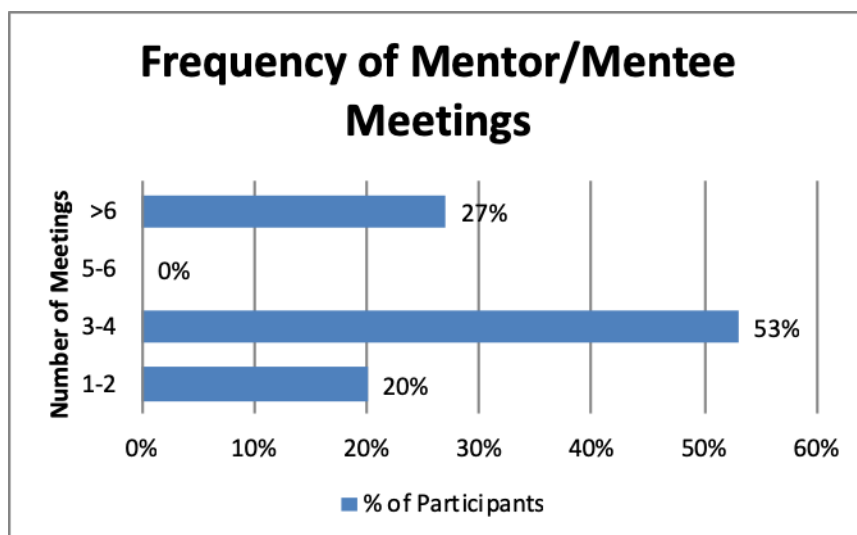


Table 2

*Summary of the Session Evaluations*

|   | Rating (1-5) |
|---|--------------|
| Were the session objectives met?                            | 4.65         |
| Course materials provided were beneficial                   | 4.43         |
| Instructor was knowledgeable about subject matter           | 4.6          |
| Overall satisfaction with the course                        | 4.52         |
|   | %            |
| Will the information obtained be useful in your position?   |              |
| Yes   | 100          |
| No  |              |
| Do you think this class should be done online or in person? |              |
| Online  | 1.33         |
| In person   | 98.67        |
| This class ran the appropriate length of time               |              |
| Too long  |              |
| Just right  | 98           |
| Too short   | 2            |

Once the nurse managers self-selected their peer mentor, the dyads were asked to meet at least one time in between sessions to continue to work on the goals identified by the mentee/mentor. Meetings could take place virtually or in person. Most of the participants were able to meet with their peer mentor at least three times or more during the six month program with 27% of the participants reporting that they met more than six times. See figure 2 for the frequency of reported meetings with mentors. During each session the dyads also had a chance to work together on reflective leadership and mentorship activities.



*Figure 2.* Frequency of mentor/mentee meetings over the course of six months.

Overall, 93.3% (N=15) of the participants reported that it was helpful to have a peer mentor to support their career development. The majority also felt that the timing of the sessions were considerate of their work day (93.3%). The session timing was placed from 1-3pm each month based upon manager feedback, to allow for them to attend to operational demands in the morning hours before allowing time for professional

development. All of the participants recommended that the FNMMP continue in the future for other nurse managers (100%). Open feedback in the last session also revealed that three nurse managers were on the verge of changing jobs prior to beginning the program and now they feel more confident and supported in their role and have chosen to stay.

Table 3

*Summary of Overall Program Evaluation Formatting*

|   | %    |
|---|------|
| Did you find having a peer mentor helpful to your career development and support needs as a manager? (N=15) |      |
| Yes   | 93.3 |
| No  | 6.67 |
| Was the timing of the class considerate of your work day?   |      |
| Yes   | 93.3 |
| No  | 6.67 |
| Would you recommend continuing the program in the future?   |      |
| Yes   | 100  |
| No  |      |

The Leadership Practice Inventory (LPI) was developed by Kouzes and Posner (2002) as a way to measure how often an individual is demonstrating the behaviors associated with the exemplary leadership and transformational leadership (Kouzes & Posner, 2002). The FNMMP used the LPI to help guide mentorship activities and course content including identification of leadership competency opportunity and various nurse managers' strengths for mentor selection. Measuring the LPI (self) prior to beginning the mentorship program and then post program

allowed this author to determine if the mentorship activities improved leadership competencies and behaviors through the program. A paired-samples t-test was conducted to compare the nurse managers LPI scores prior to participating in the FNMMP and after participating in the FNMMP. There were statistically significant differences in the preprogram LPI scores ( $M=212.27$ ,  $SD=37.8$ ) and post program scores ( $M=232.47$ ,  $SD=25.28$ );  $t(14) = -2.83$ ,  $p = .013$ . This demonstrates increase in leadership competency and transformational leadership behaviors over the course of the FNMMP. (See Table 3.)

Table 3

*LPI Self statistical analysis (N=15)*

|                 | <u>Preprogram</u> |       | <u>Post Program</u> |       | P Value    |
|-----------------|-------------------|-------|---------------------|-------|------------|
|                 | M                 | SD    | M                   | SD    |            |
| LPI Total Score | 212.27            | 37.80 | 232.47              | 25.58 | $p = .013$ |

Warshawsky et al. (2016) described the use of the NMPE tool to predict job satisfaction

(Warshawsky et al., 2016). Job satisfaction was predicted by three subscales of the NMPE tool:

culture of patient safety, culture of generativity, and constructive nurse manager and director

relationships. The more positive these subscales are the higher the job satisfaction is. The

FNMMP used these subscales to assess if after participating in the program, NM had greater job

satisfaction. Using a paired samples t-test the means for these three subscales were compared for

the participants prior to beginning the mentorship program and post program. There was no

significant difference between the mean score for subscale 1: Culture of Patient Safety

preprogram (M=68.47, SD= 8.15) and post program (M= 69.53, SD= 10.01);  $t(14) = -.34$ ,  $p = .74$ .

The mean scores for subscale 2: Constructive Nurse Manager and Director Relationships

preprogram (M= 25, SD= 4.14) and post program (M= 25.67, SD = 6.58) also did not show a

significant difference,  $t(14) = -.677$ ,  $p = .67$ . Subscale 3: Culture of Generativity preprogram

(M= 23.20, SD= 4.65) was compared to post program scores (M= 26.20, SD= 4.74) which did

show significant differences in scores ;  $t(14) = -2.40$ ,  $p = .032$ . Two of the three subscales did not

show statistically significant changes however one subscale did, Culture of Generativity, which

can then be interpreted that nurse manager job satisfaction did slightly increase after participating

in the FNMMP. It should also be noted that the subscales which did not statistically significantly

increase, also did not decrease over the course of six months. (See Table 4.)

Table 4

*Job Satisfaction statistical analysis (N=15)*

|                               | <u>Preprogram</u> |      | <u>Post Program</u> |       | P Value |
|-------------------------------|-------------------|------|---------------------|-------|---------|
|                               | M                 | SD   | M                   | SD    |         |
| Culture of Patient Safety     | 68.47             | 8.15 | 69.53               | 10.01 | P= .74  |
| NM and Director Relationships | 25                | 4.14 | 25.67               | 6.58  | P= .67  |
| Culture of Generativity       | 23.20             | 4.65 | 26.20               | 4.74  | P= .032 |

Warshawsky et al.(2016) also described the use of the NMPE tool to predict intent to leave amongst nurse managers (Warshawsky, Wiggins & Rayens, 2016). Intention to leave was predicted by three subscales of the NMPE tool: culture of generativity, constructive nurse manager and director relationships, and fair and manageable workload. The higher these subscales are the less likely nurse managers have intention to leave. The FNMMP used these subscales to assess if after participating in the program, NM had less intention to leave.

A paired samples t-test was conducted for subscale 1; Constructive Nurse Manager and Director Relationships to compare the preprogram scores ( $M = 25$ ,  $SD = 4.14$ ) and the post program scores ( $M = 25.67$ ,  $SD = 6.58$ ) which did not result in a significant difference,  $t(14) = -.44$ ,  $p = .67$ .

The mean score for subscale 2: Fair and Manageable Workload, preprogram ( $M = 12.60$ ,  $SD = 2.77$ ) was compared to post program scores ( $M = 12.93$ ,  $SD = 4.51$ ) using a paired-samples t-test which did not show a significant change;  $t(14) = -.33$ ,  $p = .75$ . Subscale 3: Culture of Generativity preprogram ( $M = 23.20$ ,  $SD = 4.65$ ) was compared to post program scores ( $M = 26.20$ ,  $SD = 4.74$ ) which did show significant differences in scores;  $t(14) = -2.40$ ,  $p = .032$ .

Again, two of the three subscales did not experience statistically significant changes however one subscale did, Culture of Generativity, which can then be interpreted that nurse manager intention to leave did slightly decrease after participating in the FNMMP.

Table 5

*Intention to leave statistical analysis (N=15)*

|                               | <u>Preprogram</u> |      | <u>Post Program</u> |      | P Value |
|-------------------------------|-------------------|------|---------------------|------|---------|
|                               | M                 | SD   | M                   | SD   |         |
| NM and Director Relationships | 25                | 4.14 | 25.67               | 6.58 | P= .67  |
| Fair and Manag. Workload      | 12.6              | 2.77 | 12.93               | 4.51 | P= .75  |
| Culture of Generativity       | 23.20             | 4.65 | 26.20               | 4.74 | P= .032 |

### **Unanticipated Limitations**

During the course of this program, the organization was undergoing contract negotiations with the unions. NM's at both hospitals manage 100% represented staff. This resulted in a tremendous amount of stress and frustration amongst the nurse managers as teams started to disengage during the political storm of contract negotiations. In addition, one hospital Chief Nurse Executive (CNE) had a sudden departure from the organization after the program started which left a large nursing leadership void and reported fear from some of the participants in the program. The impact of the stress from the contract negotiations and the lack of a CNE could potentially have impacted participant's job satisfaction and intention to stay as measured by the NMPES in the post survey.

### **Implications of Findings**

Participation in the FNMMP resulted in NM's increasing their own leadership competencies overtime with the guidance of a peer mentor. NM's in this program demonstrated in increase in job satisfaction and decrease in intention to leave despite the environmental influences of bargaining and the loss of a CNE. At the organizational

level, the FNMMP resulted in a reduction of nurse manager turn over which allowed for continued unit level performance and minimal unit disruption with leadership changes. The FNMMP also contributed to a supportive environment and collegiality between the two hospitals and amongst the NM's. Without having a formal process to help nurse managers engage in a mentorship relationship, many managers go without that support despite the evidence supporting mentorship (Cziraki, McKey, Peachey, Baxter, and Flaherty, 2013).

### **Implications to Positive Social Change**

Warshawsky et al. (2013) found correlations between increase incidents of higher nurse sensitive outcomes such as falls and pressure ulcers with increased turnover in the nurse manager role. With the ever growing focus on reducing the cost for healthcare across the United States, paying attention to evidence based interventions that can decrease nurse manager turnover is essential and contributes to positive social change. This project also demonstrated positive social change as the participants were all retained in their position during this program resulting in cost savings as the organization did not need to recruit as many nurse managers. Sherman, Patterson, Avitable, and Dahle (2014) estimated that the cost to replace a nurse manager in was around \$132,000- \$228,000 when considering training, recruitment, onboarding, and any interim replacement costs (Patterson, Avitable, and Dahle, 2014). Replacing nurse managers is costly to not only the organization but ultimately the patients. The FNMMP demonstrated a sustainable way to retain nurse managers which contributes to a positive social change in reducing healthcare spending and promoting positive nurse sensitive outcomes for patients.



## **Recommendations**

### **Recommended Solutions**

Many famous people have been quoted saying "hope is not a strategy". Although the origin of this quote is debatable the meaning is powerful. If an organization is hoping that nurse manager turnover will resolve without a purposeful strategy such as a nurse manager mentorship, the results will be disappointing. This project demonstrated an evidence based strategy that impacted nurse managers intent to stay and job satisfaction while also increasing transformational leadership competencies.

Utilizing the MET to guide mentorship relationships that were goal focused allowed for successful dyad pairing. The FNMMP also taught managers how to be good mentors and encouraged goal focused conversations that would further stretch the mentee in advancing leadership competencies. The six month long course supported growth and resiliency during turbulent times in the organization. Hudgins (2016) found that nurse leaders who demonstrated more resilience behaviors impact frontline nurses intent to stay as well as their own intent to stay (Hudgins, 2016). Having a mentor is one way to build resiliency.

### **Program Structure**

The FNMMP should be available for all nurse managers with their nursing directors strongly encouraging enrollment. The program should be offered on a yearly basis. The total length of the program should remain at six months. For a complete list of class objectives, timed agenda and course content see Appendix E. The nurse managers

should continue to meet once a month for two hours at a time. There would be an expectation to meet with the peer mentor at least once in between sessions.

The manager participants would be given both the mentor packet and the mentee packet as they may be in both roles- see Appendix F and G. During the first class, the nurse managers would complete an LPI self-assessment to measure baseline leadership competencies and identify the opportunity for growth over the six month program. The area's identified for growth from the LPI, will serve as part of the mentee/mentor goals. The LPI baseline results also serves as a facilitator for mentor matching as the participants reveal their top strengths allowing other managers to choose a mentor who may have strength in an area they wish to improve.

All participants are expected to attend the monthly sessions. The content of the sessions focus on the transformational leadership behaviors as defined by Kouzes and Posner (2017) as well as activities that promote mentor/mentee relationship building while improving understanding of leadership competencies. At the end of each session an evaluation will be completed by each participant (Appendix C) which will serve as a way to gain feedback real time for course content changes as well as suffice the requirement to offer continuing education credits (CEU's).

At the end of the six month program, the cohort would complete another LPI self-assessment to see progress and celebrate success of mentorship activities as they contribute to the progress. An anonymous program evaluation would be deployed to measure overall impact on their nurse manager practice (see Appendix D). The last

session will include both course content and an element of celebration to mark the completion of the program for that cohort.

### **Recommended Implementation**

To successfully implement this program, a program coordinator role will be needed. This role can be in addition to other duties and does not need to be a separate position as long as this leader has the time to dedicate to facilitating the program for six months. The role could be a part of a professional development role, a nursing director role or consultant role. The program coordinator would be responsible for program oversight such as recruitment, data collection, communicating program progress and program revisions. The program coordinator would need to have direct communication with both hospitals nursing leadership teams.

### **Program Evaluation**

Throughout the program, session evaluations should be monitored for satisfaction with content, delivery, activities that promote dyad relationship building and relevance to nurse manager practice. Also monitored would be the attendance at each session and a follow up will be occur with any participant who misses a session to assure desire to continue with program. At the conclusion of the program a formal evaluation of the overall program should occur (Appendix D). The program evaluation should be and completed in a manner that allows participants time to reflect on program's impact. At the conclusion the program, the nurse manager turnover rates will be obtained from HR to include in the overall evaluation as well as the session completion rates.

The costs associated with this program also need to be considered. The total cost for 20 participants is estimated at \$1590.00 (see Appendix H). This cost estimate does take into consideration that a program coordinator is role is added on to duties of an already established leader within the organization. Sherman et al.(2014) estimated that the cost for a nurse manager turnover in the OR was between \$132,000- \$228,000 (Sherman et al., 2014). This demonstrates that by supporting even one nurse manager and preventing a turnover, this program will more than pay for itself. The small investment for the program is well worth the return.

### **Contributions of the Doctoral Project Team**

Prior to developing the program, the exit interviews were carefully screened for themes as to why the nurse managers were leaving. The feedback from those summaries serve as pivotal to this project and thus this author contributes the success of the pilot in part to those nurse managers who transitioned prior to this projects development. In addition, talking with current nurse managers about operational challenges associated with being away from their units for a full day informed the decision to keep each session at a two hour limit and to assure that it was towards the end of the day to allow managers to attend to operational needs of the unit prior to attending the sessions. The sessions were also held at a neutral location between the two hospitals to avoid favoritism to one site. The location of each session required that the managers purposefully plan time to drive to the location and disconnect from operational responsibility temporarily. Manager feedback informed this decision as many managers acknowledged the challenge with

meetings on site and feeling compelled to be accessible to the unit which could be distracting.

The nurse managers who participated in the pilot program were extremely helpful in shaping each session and giving feedback to the value that the program had for their own practice. They were instrumental in piloting the peer mentor model and found this to be very gratifying and supportive. There were multiple sessions where the nurse managers shared how they had taken content from the previous session and implemented back in their units demonstrating increased self-confidence as the program progressed.

Lastly, each session had the guest speaker of a senior leader (COO, CMO, CNO) from the two hospitals who was willing to share their leadership journey, things they have learned along the way and how they demonstrated that particular behavior that the session focused on that day. The senior leaders were incredibly supportive of this project and each one contributed to the day by sharing some great advice with the nurse managers as well as connecting with them in a smaller group setting. Managers appreciated getting to know the leaders better and connecting with them about their leadership journey's. These contributions from a variety of sources helped inform and shape this doctoral project.

### **Strengths and Limitations of the Project**

Mentoring in nursing has long been identified as a way to retain nurses and recently there is a growing body of evidence that mentorship for nurse managers is equally important (Vitale, 2018). The project used an evidence based approach to facilitate mentorship relationships using the Exemplary Leadership framework described

by Kouzes and Posner (Kouzes and Posner, 2017). Pedaline et al. (2012) described using this framework to guide mentorship activities in a group setting. In addition, Gooch (2017) also described using this framework to guide mentorship with new and seasoned chief nurse executives. The evidence supported the use of this framework and was easy for the nurse managers participating to understand the components of transformational leadership. The LPI self is a well-tested instrument that has demonstrated with great reliability the presence of the five practices of Exemplary Leadership (Statistic Solutions, 2017). Using a reliable tool that can assess pre and post mentoring behaviors provides nurse managers with tangible results. In addition, this tool was instrumental in identifying mentorship strengths amongst the participants.

The results of the NMPES that demonstrated some statistical improvements in job satisfaction and intent to stay were also a strength of this project. Using an instrument that is geared specifically for nurse managers to measure components in their work environment is important when attempting to address nurse manager turnover (Warshawsky & Havens, 2014). The nurse managers demonstrated statistically significant increases in the subscale titled culture of generativity. This subscales definition is that nurse managers have adequate time to coach and develop their frontline staff (2014). Throughout the program the nurse managers found ways to further develop their frontline staff as they themselves received some professional development. Zwink et al., (2013), discovered through a qualitative study that nurse managers identified the ability to make a positive impact on their teams as well as peer support as factors

influencing their intent to stay (Zwink et al, 2013). The findings from this project are consistent with evidence from the literature.

### **Limitations**

One of the limitations for this project was the small sample size. Although 1/3<sup>rd</sup> of the nurse managers across both hospitals participated in the program, the sample size was too small to determine if results would be consistently seen. This authors recommendation is to pilot this again in the following year to see if the same results are seen. Another limitation is that the organization was undergoing national contract bargaining during the majority of this program. Labor negotiations for these hospitals created a tense work environment that the nurse managers were not accustomed to. Combined with the labor negotiations was the sudden departure of one sites chief nurse executive which also had an impact on the nurse leaders. These events could have impacted the job satisfaction and intent to leave of the participants. Also, to be noted though is the results despite these events. Job satisfaction, intention to stay and the LPI scores did have statistical improvements after completing the mentorship program.

Another limitation of this project is the lack of quality assessment of the mentorship relationships. Recommendations to improve assessing the quality of mentorship relationships include more qualitative query of the dyads and review of the usage of the provided tools including the mentorship log, confidentiality agreement and goals set by the dyad. The tools utilized were already established in the organization and used with permission. Understanding the value add for these tools would better inform future projects or a second pilot of this program.

**Recommendations for Future Projects**

Factors that influence nurse manager job satisfaction and intention to stay are complex and include factors such as director and manager relationships (Warshawsky et al., 2016) as well as resiliency which can be supported through peer relationships (Hudgins, 2016). Additional research should be done to compare different models of mentorship including group mentoring, peer mentoring and more traditional mentorship of someone in a higher position mentoring someone starting out. This project demonstrated great outcomes with a peer mentorship model however more research should be done to evaluate the efficacy of the different models.



## Section 5: Dissemination Plan

### **Institutional Dissemination**

White et al.,(2016) describe the three P's of dissemination as being posters, presentations, and publications (White et al., 2016). The first presentation to be given will be to the participants of the program. This honors their willingness to participate and allows them to see firsthand the statistical outcomes and overall program evaluation. A presentation will also be given to the hospitals senior leadership team which will focus on the outcomes and the recommendations for future state. In addition, there will be a presentation to the nursing leadership team which will give the program overview, summary of content and summary of outcomes. This presentation will be given at both hospitals nursing leadership meeting. Last but not least the organization has a regional professional development team that a presentation will be given to as well to communicate findings.

There are key audiences that this projects dissemination plan includes. The participants themselves are vital as they piloted the program and informed the design. The senior leaders including the chief nurse executive and the vice president of human resources are also key audiences as they ultimately will decide the next steps for the mentorship program. The nursing leadership team which includes nursing directors, nurse managers and educators are another key audience to communicate and disseminate finding with.

### **Dissemination to a Broader Audience**

Nurse Manager turnover remains a complex issue that has quality outcome implications for patients (Warshawsky et al., 2013). In addition, nurse manager turnover can cost an organization \$132,000- \$228,000 for each nurse manager that leaves (Sherman et al., 2014) making it a costly issue that needs to be addressed. This impacts nurse executives at many hospitals. To disseminate to a broader audience the findings and outcomes from this project, this author intends to submit an abstract for the local NwONE conference to present findings through a poster board presentation. This conference is attended by nurse managers and executives from Oregon and Washington.

### **Analysis of Self as a Scholar**

The Doctor of Nursing Practice (DNP) essentials from AACN describe eight essential competencies that DNP graduate possess (AACN, 2006). As I reflect on the growth that I have seen in myself over the course of the DNP project, I see elements of many essential competencies being met. Essential I focuses on the scientific underpinnings for practice which I have been able to demonstrate through using significant evidence to describe a nursing problem and evaluate the outcomes of a project designed to address the problem. Essential II prepares graduates to utilize business, finance and economic principles to implement changes that improve system wide quality of care. By piloting a mentorship program that was developed utilizing economic and finance principles, I have been able to affect system wide, nurse sensitive outcomes such as falls and pressure ulcers. Essential III prepares the graduate to design, implement and

disseminate evidence based practices to improve outcomes. Once the dissemination of the project outcomes occur, this essential competency is demonstrated.

### **Analysis of Self Practitioner**

The DNP program is intended to be a terminal degree program prepares the graduate to practice in their area of specialization and thus advancing the practice of nursing in those specialty areas. As an example, my specialty area is in nursing leadership at the executive level. As I progress through the DNP program, I am seeking to gain greater skills in interprofessional collaboration across not only the organization I work for but also our community to impact the change necessary to care for our patients by way of creating effective leadership teams and structures. This program and specifically the DNP project has prepared me for thorough review of the literature, synthesis and application of the evidence and finally design and implementation of an evidence based mentorship program. This has substantially enhanced my leadership competencies and also my overall nursing leadership practice as I have progressed through the DNP program.

### **Analysis of Self Project Manager**

The development and implementation of the FNMMP was a long term strategy and took over eight months. There were multiple interviews with stakeholders, and many tasks that needed to occur during the implementation of this program. Some of my greatest strengths are around my organization skills and ability to move projects forward. In long term projects such as this, leaders can lose sight of the intended outcomes when competing priorities come up. I remained steady and focused when the two hospitals were managing the sudden CNE departure and the labor negotiations. I was able to also

keep the nurse managers focused on their development while being sensitive to the environmental issues. My skills and competencies were advanced even further as I developed the program evaluation and thought more globally about the impact this program had during turbulent times in the organization.

### **Insight Gained During Scholarly Journey**

Seeing the mentor/mentee relationships develop over the course of this program brought pure joy to my scholarly journey. Knowing that I helped create the opportunity for these 15 nurse managers to develop themselves through peer mentoring and build connections became the strength I needed to complete this journey. I have always been passionate about the practice of nurse managers and finding the best ways to support them. This project allowed me the opportunity to make a difference in their lives and ultimately the patients on the units they manage. Long term strategies such as this take perseverance and dedication. There is not a quick fix to address nurse leader turnover, yet this project has taught me the value of patience and persistence to the long term strategy.

### **Summary**

Using an evidence based, theory supported nurse manager mentorship program is an effective strategy and intervention to address nurse leader turnover. This author used a well-known framework from the literature to guide both mentor selection and mentorship activities throughout the program. In addition, using the MET, this author was able to successfully develop mentor/mentee dyads. Having a purposeful approach to both leadership development through mentorship and increasing job satisfaction require

programs like the FNMMP. This six month program demonstrated an increase in both job satisfaction and intention to stay despite the organization going through turbulent times.

With the costs associated with nurse manager turnover, small investments in programs like this contribute to a reduction in healthcare costs and improved organizational goal attainment. This organization faced a 25.8% nurse manager transition rate from the previous year. Mid way through the project the transition rate was 3.6%. All participants of the FNMMP are still employed in their role as this author writes this section. These outcomes, paired with the statistically significant improvements in job satisfaction, intent to stay and the LPI self-demonstrate the impact that a formal nurse manager mentorship program has. Hope is not a strategy and for all executives looking for evidence based interventions to address nurse leader turnover, a mentorship program for managers is one solution.

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## Appendix A: LPI Use Permission

# WILEY

April 13, 2018

Tonya Roth

Dear Ms. Roth:

Thank you for your request to use the LPI®: Leadership Practices Inventory® in your research. This letter grants you permission to use either the print or electronic LPI [Self/Observer/Self and Observer] instrument[s] in your research. You may **reproduce** the instrument in printed form at no charge beyond the discounted one-time cost of purchasing a single copy; however, you may not distribute any photocopies except for specific research purposes. If you prefer to use the electronic distribution of the LPI you will need to separately contact Joshua Carter ([jocarter@wiley.com](mailto:jocarter@wiley.com)) directly for further details regarding product access and payment. Please be sure to review the product information resources before reaching out with pricing questions.

Permission to use either the written or electronic versions is contingent upon the following:

- (1) The LPI may be used only for research purposes and may not be sold or used in conjunction with any compensated activities;
- (2) Copyright in the LPI, and all derivative works based on the LPI, is retained by James M. Kouzes and Barry Z. Posner. The following copyright statement must be included on all reproduced copies of the instrument(s): "Copyright © 2013 James M. Kouzes and Barry Z. Posner. Published by John Wiley & Sons, Inc. All rights reserved. Used with permission";
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Best wishes for every success with your research project.

Cordially,



Ellen Peterson  
Permissions Editor  
[Epeterston4@gmail.com](mailto:Epeterston4@gmail.com)

## Appendix B: Nurse Manager Practice Environment Scale Use Permission

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Digitally signed by Lisa Cassis

By: DN: cn=Lisa Cassis, o=VPR University of  
Kentucky, ou=email=mary.jowell@uky.edu,  
c=US

Lisa Cassis, Ph.D.  
Vice President for Research

Date: 2/9/2018

**LICENSEE**

Tonya Roth  
Doctoral Nursing Practice Student

By: 

Name and title (printed or typed):

Tonya Roth  
Doctoral Nursing Practice Student

Date: 1/28/2018

## Appendix C: Course Evaluation



## Course Evaluation

**Class Name:** NW Medical Centers- 2018 Hospitals Exemplary Leadership Nurse Manager Mentorship Program  
**Date of class:**

**Presenter(s):**

Questions 1-7: Please CIRCLE your response

1. Were the objectives for this class met?  
*Strongly Disagree* 1      2      3 *Neutral*      4      5 *Strongly Agree*
2. Will information obtained in this class be useful in your position?      *Yes/No*
3. Do you think this class should be done via an online self-paced module or in classroom presentation more appropriate?      *Self-Paced / In classroom*
4. Course materials provided were beneficial to the class  
*Strongly Disagree* 1      2      3 *Neutral*      4      5 *Strongly Agree*    *N/A*
5. Instructor(s) was knowledgeable about subject matter  
 1# Tonva Roth  
*Strongly Disagree* 1      2      3 *Neutral*      4      5 *Strongly Agree*    *N/A*  
 #2 \_\_\_\_\_  
*Strongly Disagree* 1      2      3 *Neutral*      4      5 *Strongly Agree*    *N/A*
6. This class ran the appropriate length of time  
*Too short*      *Just right*      *Too Long*
7. Rate your overall satisfaction with this course  
*Dissatisfied* 1      2      3 *Neutral*      4      5 *Extremely Satisfied*
8. List one (or more) points that were helpful to you in this class  
 Mentoring vs. Coaching  
 Leadership strengths and style
9. List one (or more) ideas that can improve this class (may address lighting, A.V, space, room).  
 Water in the room  
 Ending or beginning day at Hospital

10. Comments

Name (optional) \_\_\_\_\_



## Appendix D: Overall Program Evaluation

### Exemplary Leadership and Peer Mentorship Program

#### Overall Program Evaluation- Questions to be placed in Survey Monkey

1. How many times did you meet (in person or virtual) with your mentor during this program?
  - a. 1-2
  - b. 3-4
  - c. 5-6
  - d. >6
2. Did you find having a peer mentor helpful to your career development and support needs as a manager?
  - a. Yes
  - b. No
3. Was the timing of the class (time of day) considerate of your work day?
  - a. Yes
  - b. No
4. What are 2 things you found most valuable about this program?
5. What recommendations for changes/adjustments do you have for the program?
6. Would you recommend continuing this program in the future?
  - a. Yes
  - b. No
7. Sessions completed by each participant (to be analyzed from session sign ins)
8. Turnover of rate of Nurse Managers during program (access through HR)

## Appendix E: Course Series Descriptions, Objectives and Timed Agenda

## Course Series Descriptions, Objectives and Timed Agenda

**Day 1-Introduction: Mentorship and the leader within**

*Course Description: Total length of class is 2hrs. The participants will be introduced to why the class was developed, definitions of transformational leadership and definitions of various mentorship models. Participants will also receive education on the differences between Mentorship and Coaching. Participants will be given material (book) that will be used throughout series as well as a questionnaire self-assessing their own transformational leadership behaviors. After reflecting on self-assessment, participants will identify areas of opportunity and areas of strength.*

**Objectives:**

- Define transformational leadership
- Differentiate 2 characteristics between vertical models of mentorship and peer mentorship models
- Translate how transformational leadership can impact clinical outcomes
- Recognize the difference between coaching and mentoring

**Timed Agenda****Day 1 (April 18<sup>th</sup>)**

| Time    | Topic  | Facilitator |
|---------|--|-------------|
| 1-110   | Welcome/Introduction/Logistics   | Tonya Roth  |
| 110-140 | What is Transformational Leadership<br>Why does it matter<br>Can Transformational Leadership be taught   | Tonya Roth  |
| 140-200 | Mentorship Defined<br>Types of Mentorship<br>Peer Mentorship- The Leader within<br>Successful Mentorship Relationships<br>-Mentoring Enactment Theory<br>-Roles/Agreements | Tonya Roth  |
| 200-210 | Coaching and Mentoring<br>-Common pitfalls<br>-Role of the direct supervisor<br>- Roles within the course  | Tonya Roth  |
| 210-215 | The Leadership Challenge (Intro to resources)  | Tonya Roth  |
| 215-235 | Nurse Manager Practice Environment Scale (NMPES)   | Tonya Roth  |
| 235-250 | LPI Self (Self Assess Leadership Behaviors)  | Tonya Roth  |
| 250-255 | Area's for Opportunity/Areas of Strength   | Tonya Roth  |
| 255-300 | Next steps<br>- Read Chps 1-4 before next class<br>- Identify Peers who are strong in area's you feel you need to grow in<br>- Quick class evaluation                      | Tonya Roth  |

**Day 2- Modeling the Way**

*Course Description: Total length of class is 2hours. Participants will learn through case study examples of how leaders Model the Way. This class will explore examples of strategies used to clarify values and how leaders can align their actions with the shared values.*

**Objectives:**

- Define two key behaviors associated with Modeling the Way
- Differentiate between clarifying values and setting the example
- Identify two strategic practices leaders can implement to set the example for others.
- Formulate action plan to articulate values to a new team or an existing team to gain shared values

***Timed Agenda******Day 2 (May 31st)***

| Time    | Topic   | Facilitator |
|---------|---|-------------|
| 1-105   | Welcome/Introduction/Logistics  | Tonya Roth  |
| 105-135 | Case Study:<br>How One Leader Modeled the way   | Tonya Roth  |
| 135-205 | Modeling the way defined<br>-Clarifying Values<br>- Affirm Shared Values<br>- Set the Example<br>-Teaching others to model the values | Tonya Roth  |
| 205-220 | Clarifying Values Exercise  | Tonya Roth  |
| 220-235 | Group Share of Current Values   | Tonya Roth  |
| 235-245 | Group Discussion on ways to set the example for others  | Tonya Roth  |
| 245-250 | Commitment Action Plan to check in with team about shared values  | Tonya Roth  |
| 250-255 | Peer Mentor Accountability Commitment   | Tonya Roth  |
| 255-300 | Next steps<br>- Read Chps 5-6 before next class<br>- Peer Mentor Check in<br>- Quick class evaluation                                 | Tonya Roth  |

### Day 3- Inspire a Shared Vision

*Course Description: Total length of class is 2 hours. Participants will learn through case studies how leaders create visions, create a shared vision and inspire others. This class will explore the importance of communication regarding the vision and common pitfalls when leaders do not inspire a shared vision.*

#### *Objectives:*

- Define term Vision
- Compare different strategies to create a Vision
- Examine ways leaders can communicate vision
- Articulate 2 common pitfalls when leads do not inspire a shared vision

#### *Timed Agenda*

##### *Day 3 (June 21st)*

| Time    | Topic   | Facilitator |
|---------|---|-------------|
| 1-105   | Welcome/Introduction/Logistics/Follow up from Day 2   | Tonya Roth  |
| 105-135 | Case Study:<br>How One Leader Inspires a Shared Vision  | Tonya Roth  |
| 135-205 | Inspire a Shared Vision defined<br>- Vision Defined<br>- Envision the future<br>- Enlisting others to shared aspirations<br>Shared Agenda/ Believes | Tonya Roth  |
| 205-235 | Creating a Nursing Vision Activity**  | Tonya Roth  |
| 235-245 | Group Share of Nursing Visions  | Tonya Roth  |
| 245-250 | Commitment Action Plan to share with team about Nursing Vision and how it connects with the Shared Agenda   | Tonya Roth  |
| 250-255 | Peer Mentor Accountability Commitment   | Tonya Roth  |
| 255-300 | Next steps<br>- Read Chps 7-8 before next class<br>- Peer Mentor Check in<br>- Quick class evaluation   | Tonya Roth  |

**Day 4- Challenge the Process**

*Course Description: Total length of class is 2 hours. Participants will learn through case studies how leaders search for opportunities to challenge themselves and how they can learn from mistakes. Participants will also learn about strategies leaders can use to help the team come up with innovative solutions.*

*Objectives:*

- Identify 2 behaviors associated with Challenging the Process
- Compare different methods leaders can use to learn from mistakes
- Articulate 2 strategies leaders can use to engage their team to find innovative solutions

*Timed Agenda**Day 4 (July 19<sup>th</sup>)*

| Time    | Topic   | Facilitator |
|---------|---|-------------|
| 1-105   | Welcome/Introduction/Logistics/Follow up from Day 3   | Tonya Roth  |
| 105-135 | Case Study:<br>How One Leader Challenged the Process  | Tonya Roth  |
| 135-205 | Challenging the Process defined<br>-Searching for opportunities<br>-Encouraging initiative in others<br>-Looking outside your experience<br>-Taking risks | Tonya Roth  |
| 205-235 | Cash Flow Activity  | Tonya Roth  |
| 235-245 | Group Share of Challenging the Process  | Tonya Roth  |
| 245-250 | Commitment Action Plan: How will you create small wins for your team? Identify one way you will go out of your comfort zone this next month.              | Tonya Roth  |
| 250-255 | Peer Mentor Accountability Commitment   | Tonya Roth  |
| 255-300 | Next steps<br>- Read Chps 9-10 before next class<br>- Peer Mentor Check in<br>- Quick class evaluation  | Tonya Roth  |

**Day 5- Enable Others to Act**

*Course Description: Total length of class is 2 hours. Participants will learn through case studies how leaders enable others to act by developing cooperative relationships and building trust.*

*Objectives:*

- Identify 2 behaviors associated with enabling others to act
- Compare different methods leaders can use facilitate relationships
- Articulate 2 strategies leaders can use to engage their teams and foster accountability

*Timed Agenda*

*Day 5 (August 30<sup>th</sup>)*

| Time    | Topic   | Facilitator |
|---------|---|-------------|
| 1-105   | Welcome/Introduction/Logistics/Follow up from Day 4   | Tonya Roth  |
| 105-135 | Case Study:<br>How One Leader Enabled Others to Act   | Tonya Roth  |
| 135-205 | Enabling others to act defined<br>- Developing confidence in team members<br>- Supportive Relationships<br>UBT's and Enabling others<br>Direct Report Rounding to Build Trust | Tonya Roth  |
| 205-235 | Dynamic Duo Activity  | Tonya Roth  |
| 235-245 | Group Share of Enabling Others  | Tonya Roth  |
| 245-250 | Commitment Action Plan : Identify an opportunity to provide choice to your team, identify one employee you would like to get to know better                                   | Tonya Roth  |
| 250-255 | Peer Mentor Accountability Commitment   | Tonya Roth  |
| 255-300 | Next steps<br>- Read Chps 11-13 before next class<br>- Peer Mentor Check in<br>- Quick class evaluation   | Tonya Roth  |

**Day 6-Encourage the Heart**

*Course Description: Total length of class is 3 hours. Participants will learn through case studies how leaders enable others to recognize individual contributions and create a spirit of community through celebrating victories.*

**Objectives:**

- Identify 2 behaviors associated with Encouraging the Heart
- Compare different methods leaders can use to expect high performance.
- Articulate 2 strategies leaders can use to engage their teams and create a spirit of community

**Timed Agenda**

*Day 6 (September 20<sup>th</sup>)*

| Time    | Topic   | Facilitator |
|---------|---|-------------|
| 1-105   | Welcome/Introduction/Logistics/Follow up from Day 4   | Tonya Roth  |
| 105-135 | Case Study:<br>How One Leader Encourages the Heart  | Tonya Roth  |
| 135-205 | Encouraging the Heart defined <ul style="list-style-type: none"> <li>- Recognition: The gift that keeps on giving</li> <li>- Setting expectations that teams can accomplish</li> </ul> Direct Report Rounding to reward and recognize | Tonya Roth  |
| 205-235 | Strength based feedback Activity  | Tonya Roth  |
| 235-245 | Group Share of Encouraging the Heart  | Tonya Roth  |
| 245-250 | Break   | Tonya Roth  |
| 255-315 | Nurse Manager Practice Environment Scale (NMPES)  | Tonya Roth  |
| 315-330 | LPI Self (Self Assess Leadership Behaviors)   | Tonya Roth  |
| 330-345 | Reflections on program and leadership development   | Tonya Roth  |
| 345-400 | Next steps /Closing   | Tonya Roth  |

## Appendix F: Mentee Packet Outline



# PEER MENTORSHIP: MENTEE PACKET



Quick Guide.... Pg. 1

Questions for  
Mentor...Pg. 3

Confidentiality  
Agreement +  
Expectations...Pg. 4-  
5

Terms of  
Engagement.... Pg. 6

Meeting Template....  
Pg. 7


Mentoring Log.....  
Pg. 8-12

In learning you will  
teach, in teaching you  
will learn.

*Phil Collins*



## Appendix G: Mentor Packet Outline



**PEER  
MENTORSHIP:  
MENTOR PACKET**

**Mentor Checklist.... Pg. 1**

**Effective Mentor Relationships...Pg. 2**

**Mentoring Process...Pg. 3**

**Terms of Engagement.... Pg. 4**

**Meeting Template.... Pg. 5**

**Effective Mentor Advice.... Pg. 6-7**

**Conversation Scripts.... Pg. 8-9**

**Mentoring Log..... Pg. 9-13**

The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves.

*Steven Spielberg*

## Appendix H: Cost Analysis of Mentorship Program

| Exemplary Leadership Peer Mentorship Program Cost |                        |                 |                    |
|---|------------------------|-----------------|--------------------|
| Materials   | Number of participants | Cost per person | Total cost         |
| Leadership Challenge Book                         | 20                     | 35              | 700                |
| LPI Self Assessment                               | 20                     | 20              | 400                |
|   |                        |                 |                    |
| <b>Recognition</b>                                |                        |                 |                    |
| Gift for Participants                             | 20                     | 10              | 200                |
| Gift for Guest Speakers                           | 5                      | 10              | 50                 |
|   |                        |                 |                    |
| <b>Catering</b>                                   |                        |                 |                    |
| Water and light snacks for 6 sessions (\$40x 6)   |                        |                 | 240                |
|   |                        |                 |                    |
| <b>Total Program Cost</b>                         |                        |                 | <b>\$ 1,590.00</b> |